

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Mary Bono Committee

ADDRESS (number and street) ▼

PO Box 30844

☐ Check if different than previously reported. (ACC)

Bethesda

MD

20824-0844

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00332890

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer William Powers

Signature of Treasurer

William Powers

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Mary Bono Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		50357.19
(b) Cash on Hand at Beginning of Reporting Period.....	50357.19	
(c) Total Receipts (from Line 19)	0	0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	50357.19	50357.19
7. Total Disbursements (from Line 31)	3984.03	3984.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	46373.16	46373.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Mary Bono Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01		01		2014

To:

M M	/	D D	/	Y Y Y Y Y Y
03		31		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized

(iii) TOTAL (add
Lines 11(a)(i) and (ii)..... ▶

(b) Political Party Committees

(c) Other Political Committees
(such as PACs).....(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5) ▶

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3)

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)) ▶20. Total Federal Receipts
(subtract Line 18(c) from Line 19) ▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	1984.03	1984.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1984.03	1984.03
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000	2000
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3984.03	3984.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3984.03	3984.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0	0
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1984.03	1984.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1984.03	1984.03

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Bono Committee

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 205 Pennsylvania Avenue SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
PAC Software Service

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		09		2014

Transaction ID : SB21B-36127-32484-e

Amount of Each Disbursement this Period

200

Full Name (Last, First, Middle Initial)

B. Visa Business Card

Mailing Address PO Box 15796

City	State	Zip Code
Wilmington	DE	19886-5796

Purpose of Disbursement
SEE MEMO ITEMS

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : SB21B-36139-32499-e

Amount of Each Disbursement this Period

598.56

Full Name (Last, First, Middle Initial)

C. Public Storage

Mailing Address 398 Long Bridge Drive

City	State	Zip Code
Arlington	VA	22202

Purpose of Disbursement
PAC Storage Fee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		15		2014

Transaction ID : SB21B-70666-3103-V

Amount of Each Disbursement this Period

248

[MEMO ITEM]

Subitemization of Visa Business Card (01/15/14)

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

798.56

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Bono Committee

Full Name (Last, First, Middle Initial)

A. Hertz Rent-a-Car

Mailing Address 225 Brae Boulevard

City Park Ridge State NJ Zip Code 07656

Purpose of Disbursement
PAC Transportation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2014
Transaction ID : SB21B-70691-3105-V

Amount of Each Disbursement this Period

340.56

[MEMO ITEM]

Subitemization of Visa Business Card (01/15/14)

Full Name (Last, First, Middle Initial)

B. Campaign Financial Services

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
SEE MEMO ITEMS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : SB21B-36120-32501-e

Amount of Each Disbursement this Period

130

Full Name (Last, First, Middle Initial)

C. Campaign Financial Services

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
PAC Compliance Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 30 / 2014
Transaction ID : SB21B-36120-3106-V

Amount of Each Disbursement this Period

100

[MEMO ITEM]

Subitemization of Campaign Financial Services (01/30/14)

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

130.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Bono Committee

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
PAC Software Service

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SB21B-36127-32503-e

Amount of Each Disbursement this Period

200

Full Name (Last, First, Middle Initial)

B. Visa Business Card

Mailing Address PO Box 15796

City Wilmington State DE Zip Code 19886-5796

Purpose of Disbursement
SEE MEMO ITEM

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 17 / 2014

Transaction ID : SB21B-36139-32504-e

Amount of Each Disbursement this Period

10

Full Name (Last, First, Middle Initial)

C. Campaign Financial Services

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
SEE MEMO ITEMS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 19 / 2014

Transaction ID : SB21B-36120-32505-e

Amount of Each Disbursement this Period

146.12

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

356.12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Mary Bono Committee

A. Campaign Financial Services

Date of Disbursement

Transaction ID : SB21B-36120-3109-V

00:

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	45

[MEMO ITEM]

Subitemization of Campaign Financial Services (02/19/14)

B. Complete Campaigns

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B-36127-32506-e

00

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Month	Number of people
January	100
February	120
March	140
April	160
May	180
June	190
July	200
August	180
September	160
October	140
November	120
December	100

C. Complete Campaigns

Date of Disbursement

M M / D D / Y Y Y Y
02 24 2014

Transaction ID : SB21B-36127-32507-e

[illegible]Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Bono Committee

Full Name (Last, First, Middle Initial)

A. Complete Campaigns

Mailing Address 205 Pennsylvania Avenue SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
PAC Software Service

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : SB21B-36127-32508-e

Amount of Each Disbursement this Period

200

Full Name (Last, First, Middle Initial)

B. Campaign Financial Services

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
SEE MEMO ITEMS

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SB21B-36120-32511-e

Amount of Each Disbursement this Period

130

Full Name (Last, First, Middle Initial)

C. Campaign Financial Services

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824-0844

Purpose of Disbursement
PAC Compliance Consulting

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SB21B-36120-3112-V

Amount of Each Disbursement this Period

100

[MEMO ITEM]

Subitemization of Campaign Financial Services (03/14/14)

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

330.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Mary Bono Committee

Full Name (Last, First, Middle Initial)

A. Kathleen Peters for Congress

Mailing Address 2640A Mitcham Drive

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

Purpose of Disbursement
PAC Political Contribution

Candidate Name

Kathleen PetersOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General☒ Other (specify) ▼
Special 2014

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2014

Transaction ID : SB23-70689-32482-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Ed Gillespie for Senate

Mailing Address PO Box 71596

City Richmond	State VA	Zip Code 23255
------------------	-------------	-------------------

Purpose of Disbursement
PAC Political Contribution

Candidate Name

Ed GillespieOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General☐ Other (specify) ▼

State: VA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		29		2014

Transaction ID : SB23-70693-32502-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

2000.00
